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C-104911

**How to use early re-test code 6 on a GOS form in England**

In this guide, we will provide guidance on using early re-test code 6 on a GOS (General Ophthalmic Service) form.

This is worth half a non-interactive Continuous Professional Development (CPD) point and is suitable for all General Optical Council (GOC) registrants.

**Learning Objectives**

* to understand the process required to correctly use early re-test code 6.
* to understand best practice for submitting a GOS1 and GOS6 form.

**How to gain the CPD point**

This CPD will take approximately 30 minutes to complete.

To obtain 0.5 CPD points, you must:

* read the information in this article
* read the cited references
* pass the Multiple-Choice Questionnaire (MCQ) assessment with a score greater than 60%

The link to the MCQ assessment is available at the end of this article.

**What happens next?**

Upon completion of the MCQ assessment, you will receive an email outlining whether you have passed or failed.

This will be sent to the email address you entered on registering for the MCQ assessment. The email you receive stating that you have been successful in your MCQ attempt should be saved. You will need to upload the email as evidence when you are logging your CPD on the MyGOC website.

Feedback of the correct responses will be shared with both successful and unsuccessful responders.

**This article covers:**

* An overview of GOS claiming and NHSBSA (NHS Business Services Authority) PPV (Post Payment Verification) activity
* Early re-test code 6: what this code is and how to use it correctly
* Best practice for submitting a GOS1 or GOS6 form

As specified in the Memorandum of Understanding (MoU), part of which is summarised in ‘Vouchers at a Glance’ (Figure 1), the Department of Health and Social Care (DHSC) made recommendations for the minimum interval between sight tests for specific patient categories in England.

If a contractor undertakes a GOS sight test at a shorter interval, then you must annotate the appropriate early re-test code on the GOS1 or GOS6 form, as per MoU paragraph 2.1, contractors must not apply a blanket retest period for patients within a particular category.

“2.1 The GOS regulations require practitioners to satisfy themselves that a sight test is clinically necessary. Therefore, the intervals given below are not to be read as applying automatically to all patients in a category.”

Figure 1

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**The NHSBSA encourage that any GOS sight test undertaken at an interval of less than 2 years has a reason noted on the clinical record card, along with an early retest code. This will also help the next optometrist to understand the reason for the early test.**

The MoU guidelines do not always reflect the impact of current practice or new professional guidance. For example, most diabetic patients are now seen in the national Diabetic Retinal Screening programme and would not be expected to present for a sight test at an interval of less than two years. The College of Optometrists’ guidance supports this:

“A216:If patients are in an NHS diabetic eye screening programme, recall should be the same as for patients who do not have diabetes.”

The College of Optometrists also recommends:

“A64: In the absence of clinical indications, you should not examine patients who are being monitored by the hospital eye service (HES) more frequently than every two years.”

As required by the regulations, you should only undertake a GOS sight test if it is clinically necessary (Figure 2, an extract from the GOS Model Contract July 2018). You should also exercise clinical judgement when recalling patients for their next sight test or issuing a change in prescription.

**General Ophthalmic Mandatory Services Model Contract (July 2018)  
Standard (Additional Services) General Ophthalmic Services Contract (October 2010)**

37.4.1. Subject to clause 38 the Contractor shall satisfy itself that the testing of sight is necessary.

**Testing of Sight**

30. The Contractor shall, having accepted an application from or on behalf of an eligible person for the testing of sight—

30.1. secure the testing of the patient’s sight to determine whether he needs to wear or use an optical appliance; and

30.2. in so doing, secure the fulfilment of any duty imposed on a tester of sight by, or in regulations made under, section 26 of the Opticians Act (duties to be performed on sight testing).

Figure 2: an extract from the GOS Model Contract – July 2018

GOS eligibility is based on clinical need and not refractive outcome. Therefore, you should not tell the patient they may need to pay privately for the sight test if no change in prescription is found.

Good record keeping is not only good practice but also ensures continuity of care and effective ongoing management for patients. It also supports GOS claims in the event of queries by the NHS. If a practice is subject to a PPV review, not documenting an early re-test code and the reasons for its use, on both the patient record and GOS 1/6 form, may lead to payment recovery.

Selection for PPV review is not an indication of wrongdoing. It is a process for both the NHS and contractors/performers to ensure claims are accurate and in accordance with the GOS contract. GOS Contract section 52 says you must:

“Keep full, accurate and contemporaneous records.”

If the sight test is at an interval of less than 2 years then it is essential that these records include the clinical reason for the early re-test, the relevant early re-test code and the next sight test recall. Under PPV, the NHSBSA can make a written request to review NHS patient records. The records must be produced within 21 days. The NHSBSA will assess both the clinical record and the GOS1/6 form (eGOS or paper format).

**Suggested evidence**

The Contractor will be asked to submit relevant records for the patient. [The GOC Standards of Practice for Optometrists and Dispensing Opticians](https://optical.org/media/201flx0e/standards_of_practice_for_optoms_dos.pdf), section 8, states that a registrant must “maintain clear, legible and contemporaneous patient records which are accessible for all those involved in the patient’s care”. As a minimum, these records must show:

* the consultation date
* the patient’s personal details
* the consultation reason and any presenting condition
* the details and any assessment findings
* any treatments, referrals, or advice that you provided, including any drugs or optical devices prescribed or a copy of a referral letter
* the consent obtained for any examination or treatment
* the details of those involved in the consultation including their names and signatures

To validate a GOS claim, the NHS also requires:

* the date of the last sight test (or approximate)
* the previous prescription, including the presenting vision or visual acuities (VA) at distance and near- *in the event the patient’s previous spectacles are not available at the sight test but the previous prescription is known, (from previous records, previous prescription copy or by contacting the previous optometrist), the visual acuity from this previous prescription should be attained by inserting it in a trial frame/phoropter.*
* the condition and age of the current spectacles

A GOC registered clinical advisor will assess individual GOS claims marked for payment recovery.

When considering performing an early sight test, you should investigate whether there is an alternative pathway or commissioned service that may benefit the patient more than a GOS sight test. Further information can be found through your Local Optometric Committee (LOC) <https://www.loc-online.co.uk/> .

A GOS sight test must not be used more frequently for patients:

* with specific learning difficulties, including dyslexia, dyspraxia, dyscalculia, and attention deficit hyperactivity disorder.
* Under myopia management interventions. [Information from the College of Optometrists](https://www.college-optometrists.org/category-landing-pages/clinical-topics/myopia/myopia-management-guidance-faqs) currently says: “Myopia management is not currently funded by the NHS in the UK. This means you must pay for myopia management, and it is more expensive than traditional glasses or contact lenses.”

* Under locally commissioned services e.g., MECS/CUES. Existing urgent eye care services (MECS, CUES, PEARS or local equivalent) are not funded under GOS. Many ocular conditions we see in routine practice are not an emergency. This should be managed by the contractor/performer.

**What is early re-test code 6?**

**Other unusual circumstances requiring clinical investigation**.

Often a patient will present in practice for a sight test saying they have received a reminder/recall from their previous practice. If they also tell you their last sight test was carried out less than two years ago but there is no known reason/justification for why they have been advised an earlier sight test, then it is advised to consider whether the early sight test is appropriate or required. College of Optometrists guidance says that:

*‘A62 In the absence of clinical indications, you should not recall patients more frequently than the following intervals… 16 years old and over… Two years’*

It also goes on to say:

*‘A64 In the absence of clinical indications, you should not examine patients who are being monitored by the hospital eye service more frequently than every two years.’*

It is recommended that you consider all risk factors and make a clinical judgement as to whether the patient is seen for the early sight test. It would be of importance to ensure your justification for seeing or not seeing the patient along with any advice given is clearly noted on the clinical record. In keeping with the GOC Standards of Practice, you need to be able to justify your actions and the steps taken and ensure ‘*that you have acted in the best interests of your patients’.*

**Please note that we would envisage the use of re-test code 6 to be infrequent, and inappropriate or excessive use of the code without justification may increase scrutiny.**

**Examples of the use of re-test code 6**

* **A 16-year-old patient in full time education, presents for a sight test and advises you it has been twelve months since their last sight test. They are asymptomatic, with good vision and say they only booked the sight test as they received a reminder – see Record 1.**

It is worth considering that for a patient 16 years or over, in the absence of any clinical concerns, the recall period would be two years as per the College of Optometrists guidance.

In this scenario as the patient is 16 years of age, if performing the sight test earlier than two years, an early re-test code is required, and code 6 would be considered appropriate. In support of the claim, it is important to clearly annotate the clinical record with the reasons for which the patient has presented for the sight test and for which you are carrying out an early sight test. This would be evidence if the claim is to be assessed as part of PPV. All necessary tests have been done as part of the sight test.

It would also be expected that the recall period for the next sight test be considered and put at two years unless there are any clinically justifiable reasons for a further shorter recall and again this should be clearly recorded.

**Record 1**



* **A 69-year-old patient who has attended for a sight test eighteen months after their previous sight test with another practice and tells you they have been sent a reminder – see Record 2.**

It is noted that the patient has a copy of their last sight test details including evidence of the shorter recall and a copy has been retained with the clinical record. (Note this is not always the case).

The patient is unable to give any reason for the shorter recall. The history indicates the patient had cataract surgery two years ago, and all appears to have gone well. All necessary tests have been carried out to appropriately examine the patient. In this instance the early sight test is performed in response to a recall for which there has been no reason identified. The sight test can be submitted using early re-test code 6. The performer in this case has also been able to satisfy themselves that there is no clinical need for a shorter recall for the next sight test and has given the patient appropriate advice.

It is important to carefully consider the recall period for the next sight test and care should be taken to not apply blanket recall periods particularly based on category of patient or previous recall periods.

**Record 2**

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**Other examples of the appropriate use of early re-test code 6**

* A patient presents for a sight test due to receiving a reminder letter. If the interval between sight tests is shorter than two years and there is no reason to explain the early recall, then this should be documented in the clinical record, using early re-test code 6. The clinical record will need to support the decisions made. If it is apparent within practice that shorter recall periods are being used but with insufficient clinical justification, then it would be good practice to discuss this with your colleagues to avoid inappropriate GOS claims and overuse of re-test code 6.

**Please note that the list of examples is non-exhaustive and professional clinical judgement should always be used. The clinical record must support the clinical judgement and reason for the sight test.**

**On examination your record should as a minimum include:**

* the date of the last sight test (or approximate)
* the consultation date and reason
* any present condition and symptoms that the patient is experiencing
* the age and condition of the current spectacles
* the details of the previous prescription, including the presenting VA’s distance and near or unaided vision, and any refraction with VA’s
* the external and internal examination details and its findings
* any additional tests carried out with results recorded
* the details of any recommendations or advice provided, including drugs or optical devices prescribed or a copy of a letter to the GP
* the consent obtained for any examination or treatment
* the details of those involved in the consultation, including names and signatures
* the recommendation for the next sight test’s date with the justification on the clinical record and advice to the patient. If the recall is shorter than two years, then it is encouraged to note a suggested re-test code to help the next performer understand the rationale behind this
* the re-test code which should be recorded on the GOS 1/6 form too

**Best practice for submitting your GOS 1/6 form**

* Record the dates of the latest and last sight tests on both the patient’s record and the GOS 1/6 form. Make sure you provide the date within the last sight test field in a valid format. Only the year is required if the last sight test was more than two years ago. The following formats are accepted:
  + YYYY (for example 2019)
  + MMMYYYY (for example MAR2019)
  + DDMMYYYY (for example 01032019)
* Clearly specify the clinical justification for the early re-test on the patient’s record.
* Record the tests you have performed and the corresponding results on the patient’s record.
* Include an early re-test code if the sight test is performed at a shorter interval than two years.
* Record the early re-test code on both the patient’s record and the GOS 1/6 form. Select the most accurate, appropriate, and consistent code across these records.
* Write all other information on the GOS 1/6 form in the correct place, correlated with the information on the patient record.
* Select a recall period for the next sight test on the patient’s record. If the interval is less than two years, it is good practice to suggest a retest code to help the next performer.

**Complete the MCQ assessment**

Qr code

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Access the [online MCQ assessment](https://forms.office.com/e/6JXvUsxM9z).

**For more information:**

* Visit [our website](https://www.nhsbsa.nhs.uk/provider-assurance-ophthalmic-services)
* read [Making accurate claims England 2022](https://www.fodo.com/members/guidance/category-3/making-accurate-claims/)
* read [Vouchers at a glance – England 2022](https://www.abdo.org.uk/wp-content/uploads/2023/03/13347B-2023-Voucher-England-FINAL.pdf)
* read guidance from [The College of Optometrists](https://www.college-optometrists.org/clinical-guidance/guidance)